PTO/SB/21 (02-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE perwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/075,743 TRANSMITTAL Filing Date February 14, 2002 FORM First Named Inventor JOHNSON, Royce Art Unit 3761 (to be used for all correspondence after initial filing) **Examiner Name** LEWIS, Kim M. Attorney Docket Number 26 VAC.700.US Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance communication Fee Transmittal Form Drawing(s) to Technology Center (TC) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC ✓ Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Terminal Disclaimer Extension of Time Request Identify below): Return Postcard. Request for Refund **Express Abandonment Request** Authorization for all fees account number 500326 CD, Number of CD(s) Information Disclosure Statement Remarks Certified Copy of Priority References to all art in the Information Disclosure Statement are enclosed. Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGEN Firm Robert W. Mason, Reg. No. 42,848 Individual name Signature Date 03/16/2004 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name Robert W. Mason 03/16/2004 Signature

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PTO/SB/17 (10-03)
Approved for use through 07/31/2006. OMB 0651-0032
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Effective	10/01/2	2003. Pate	ent fees ar	e subject	to annua	l revision.	

Applicant claims small entity status. See 37 CFR 1.27

OTAL AMOUNT OF PAYMENT	(\$) 290.0
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Complete if Known				
Application Number	10/075,743			
Filing Date	February 14, 2002			
First Named Inventor	JOHNSON, Royce			
Examiner Name	LEWIS, Kim M.			
Art Unit	3761			
Attorney Docket No.	VAC.700.US			

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)				
Check Credit card Money Other None	3. ADDITIONAL FEES				
Order Order	Large Entity Sm.	all Entity			
Denosit	Fee Fee Fee Code (\$) Cod	ree Describtion			
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The Director is authorized to: (check all that apply)	1053 130 1053 1812 2.520 1813	3 130 Non-English specification 2 2.520 For filing a request for ex parte reexamination			
✓ Charge fee(s) indicated below ✓ Credit any overpayments					
✓ Charge any additional fee(s) or any underpayment of fee(s)	1804 920* 180	04 920* Requesting publication of SIR prior to Examiner action			
Charge fee(s) indicated below, except for the filing fee	1805 1,840* 180	5 1,840* Requesting publication of SIR after Examiner action			
to the above-identified deposit account.	1251 110 225	110.00			
FEE CALCULATION	1252 420 225				
1. BASIC FILING FEE Large Entity Small Entity	1253 950 225				
Fee Fee Fee Fee Description Fee Paid	1254 1.480 225				
Code (\$) Code (\$)	1255 2,010 225				
1001 770 2001 385 Utility filing fee	1401 330 246				
1002 340 2002 170 Design filing fee	1402 330 240	110,000 017 (pp00)			
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SUBTOTAL (1) (\$)	1453 1,330 245				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501 1,330 250				
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Total Claims20** = X =	1503 640 250	240 Design issue fee 33 320 Plant issue fee 40 130 Petitions to the Commissioner 4 2 3 2004			
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Multiple Dependent =	1807 50 18	307 50 Processing fee und 557 AFR 117(q)			
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Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$)	8021 40 80	121 40 Recording each patent assignment per			
1202 18 2202 9 Claims in excess of 20	1809 770 28	property (times number of properties) 309 385 Filing a submission after final rejection			
1201 86 2201 43 Independent claims in excess of 3		(37 ČFR 1.129(a))			
1203 290 2203 145 Multiple dependent claim, if not paid	1810 770 28	310 385 For each additional invention to be examined (37 CFR 1.129(b))			
1204 86 2204 43 ** Reissue independent claims over original patent	1801 770 280	, and the second			
1205 18 2205 9 ** Reissue claims in excess of 20	1802 900 180	, ,			
and over original patent	of a design application				
SUBTOTAL (2) (\$)	Other fee (specify)				
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basi	ic Filing Fee Paid SUBTOTAL (3) (\$) 290.00			

SUBMITTED BY (Complete (if applicable))				if applicable))	
Name (Print/Type)	Robert W. Mason	Registration No. (Attorney/Agent)	42,848	Telephone	210-255-6271
Signature	Robert W. Mason			Date	03/16/2004

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